

# Sequential Intercept Model Mapping Workshop

Report for:

## Hutchinson County

Prepared by:

The Texas Judicial Commission on Mental  
Health

In Collaboration with Lynfro Consulting &  
D-Degree Coaching and Training

January 2024



# Sequential Intercept Model Mapping Report for Hutchinson County, TX

## Workshop Held:

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**The Texas Judicial Commission on Mental Health (JCMH)** was created by a joint order of the Supreme Court of Texas and the Texas Court of Criminal Appeals to develop, implement, and coordinate policy initiatives designed to improve the courts' interaction with—and the administration of justice for—children, adults, and families with mental health needs.

### Mission

Engage and empower court systems through collaboration, education, and leadership thereby improving the lives of individuals with mental health needs, substance use disorders, or intellectual and developmental disabilities (IDD).



## RECOMMENDED CITATION

TEXAS JUDICIAL COMMISSION ON MENTAL HEALTH, SEQUENTIAL INTERCEPT MODEL MAPPING REPORT FOR HUTCHINSON COUNTY (2024).

## ACKNOWLEDGEMENTS

The Judicial Commission on Mental Health wishes to recognize Judge James Mosley and praise the work he has done to bring JCMH's support to Hutchinson County. The JCMH is thankful for the assistance of the Hutchinson County planning team: Judge Mosley, Julie Winters, Amber Buchanan, Dustin Hawley, and Loren Gowdy.

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## A NOTE ON LANGUAGE

Across our communities, significant stigma still exists around experience with mental health disorders, substance use disorders, and justice system involvement. In this document, we seek to use respectful language that recognizes the value as well as the challenges that people with these experiences bring to our communities. A number of excellent resources provide detailed guidance about language that feels more courteous and modern to many people. In general, it is a good idea to use “person first” language that references the person before a relevant condition (i.e., “a person with schizophrenia” rather than “a schizophrenic”) because we are all more than one diagnosis or experience.

For more information on mental health language, see <https://hogg.utexas.edu/news-resources/language-matters-in-mental-health>.

For information on substance use, see <https://nida.nih.gov/nidamed-medical-health-professionals/health-professions-education/words-matter-terms-to-use-avoid-when-talking-about-addiction> and <https://www.thenationalcouncil.org/wp-content/uploads/2021/11/Language-Matters-When-Discussing-Substance-Use-1.pdf>.

For information on disability, see <https://www.cdc.gov/ncbddd/disabilityandhealth/pdf/communicating-with-people.pdf>.

For information on justice system involvement, see <https://fortunesociety.org/wordsmatter/>.

# TABLE OF CONTENTS

**EXECUTIVE SUMMARY** .....7

**BACKGROUND** .....8

    Key Factors that Support the Effectiveness of this Process .....8

        The Power of Lived Experience.....9

        Continued Cross-System Collaboration .....10

        Effective Use of Data .....10

        Understanding Current Statutes and Best Practices .....11

**RESOURCES AND CHALLENGES AT EACH INTERCEPT** .....12

**INTERCEPT 0** .....13

    intercept 0 Resources.....13

    intercept 0 Gaps and Opportunities.....15

    Intercept 0 Best Practices.....17

        Best Practice: Use Alternatives to the Criminal Justice System.....17

**INTERCEPT 1** .....19

    intercept 1 Resources.....19

    intercept 1 Gaps and Opportunities.....19

    Intercept 1 Best Practices.....20

        Best Practice: Use Civil Interventions When Appropriate .....20

        Best Practice: Pre-Booking Diversion Centers .....21

**INTERCEPT 2** .....23

    intercept 2 Resources.....23

    intercept 2 Gaps and Opportunities.....23

    intercept 2 Best Practices.....25

        Best Practice: Identify Early and Divert When Appropriate .....25

        Best Practice: Ensure Jail Access to Telepsychiatry/ Medications.....26

        Best Practice: Create Cross-System Review Teams .....26

        Best Practice: Quickly Appoint an Attorney.....27

        Best Practice: Transfer to Civil Court Via CCP 16.22(C)(5) .....27

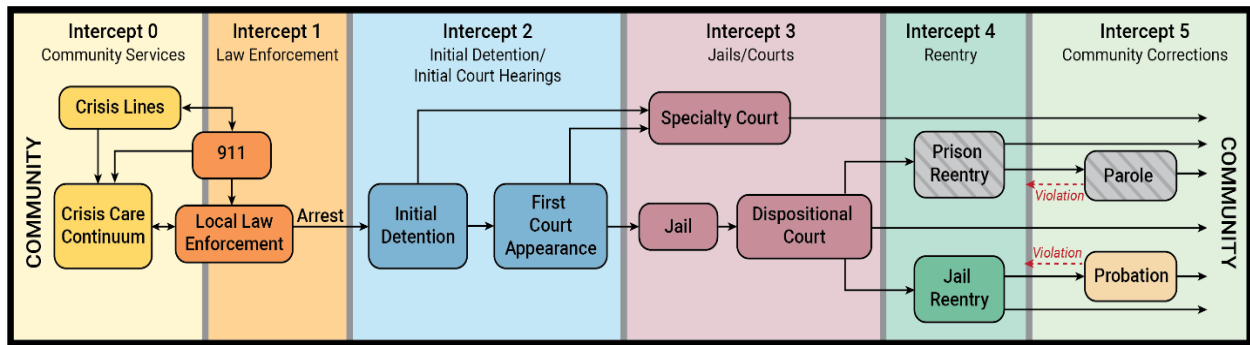
        Best Practice: Right Size Competency Restoration Services.....28

**INTERCEPT 3** .....30

    intercept 3 Resources.....30

    intercept 3 Gaps and Opportunities.....31

intercept 3 Best Practices.....	31
Best Practice: Alternative Sentencing.....	31
Best Practice: Seek to Establish Mental Health Specialty Courts or Dockets .....	32
<b>INTERCEPT 4 .....</b>	<b>33</b>
intercept 4 Resources.....	33
intercept 4 Gaps and Opportunities.....	34
intercept 4 Best Practices.....	35
Best Practice: Provide Reentry Planning.....	35
<b>INTERCEPT 5 .....</b>	<b>36</b>
intercept 5 Resources.....	36
intercept 5 Gaps and Opportunities.....	36
intercept 5 Best Practices.....	37
Best Practice: Create a Specialized Mental Health Caseload.....	37
<b>PRIORITIES FOR CHANGE .....</b>	<b>39</b>
<b>ACTION PLANS .....</b>	<b>40</b>
<b>PRIORITY 1: LOCAL OUTPATIENT MENTAL HEALTH FACILITY .....</b>	<b>41</b>
Research and Best Practices Related to Priority One .....	42
<b>PRIORITY 2: LAW ENFORCEMENT CRISIS RESPONSE.....</b>	<b>43</b>
Research and Best Practices Related to Priority Two .....	44
<b>PRIORITY 3: REGIONAL DIVERSION / COMPETENCY RESTORATION SERVICES .....</b>	<b>45</b>
Research and Best Practices Related to Priority Three.....	46
<b>PRIORITY 4: INCREASED REENTRY PEER SUPPORT .....</b>	<b>48</b>
Research and Best Practices Related to Priority Four .....	49
<b>APPENDICES .....</b>	<b>50</b>
APPENDIX 1   Commonly Used Acronyms .....	51
APPENDIX 2   General Resources .....	52
APPENDIX 3   Charts .....	55
APPENDIX 4   Hutchinson County SIM Map .....	58
APPENDIX 5   Participant List.....	59
APPENDIX 6   Workshop Agenda.....	61
APPENDIX 7   Key References.....	62



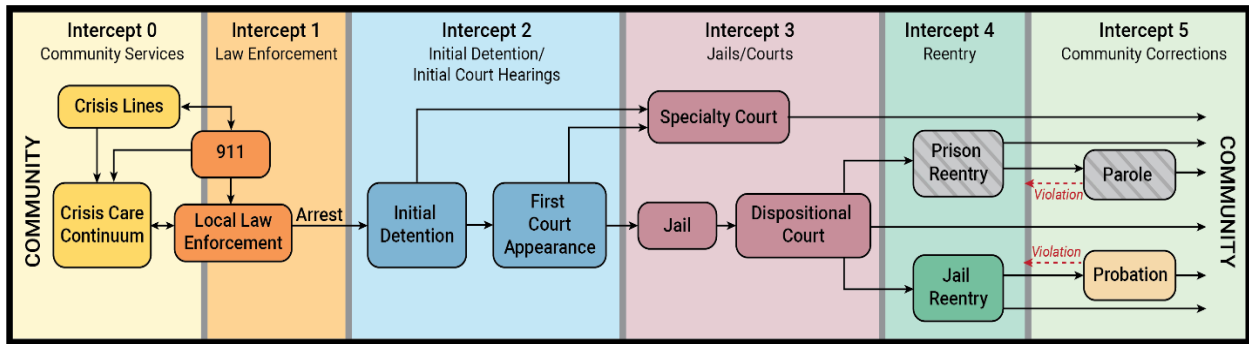
## EXECUTIVE SUMMARY

This report was created through a series of online and in-person workshops hosted by the Texas Judicial Commission on Mental Health to address the needs of adults with behavioral health challenges who become involved with the criminal justice system. It draws on the [Sequential Intercept Model](#) to support communities in identifying strategies to divert individual from the justice system and into treatment. The workshops brought together over 30 stakeholders from across systems, including mental health, substance use, courts, and law enforcement to map resources, gaps, and opportunities at each point a person intersects with the justice system.

Through the workshops, the stakeholders developed priority action plans to improve coordination and services. These plans focus on four key priorities for change:

1. Local Outpatient Mental Health Facility
2. Law Enforcement Crisis Response
3. Regional Diversion / Competency Restoration Services
4. Increased Reentry Peer Support

The report provides a detailed blueprint for Hutchinson County stakeholders seeking to reduce unnecessary justice involvement for adults with behavioral health needs. As stakeholders move forward to implement the identified changes, it will be crucial for each action team to organize and track its steps as well as coordinate with other action teams. The Judicial Commission on Mental Health will provide ongoing technical assistance as stakeholders review current laws and best practices in order to implement the plans.



## BACKGROUND

The [Sequential Intercept Model](#) was developed by Mark R. Munetz, M.D. and Patricia A. Griffin, Ph.D., in conjunction with SAMSHA’s GAINS Center. Since its creation, it has been used by communities to assess available resources, determine gaps in services, and plan for change.

A Sequential Intercept Model mapping is a workshop that develops a map illustrating how people with behavioral health needs move through the criminal justice system. The workshop allows participants to identify opportunities for collaboration to prevent further penetration into the justice system.

The Sequential Intercept Mapping workshop has five primary goals:

- Develop a comprehensive picture of how people with mental illness and co-occurring disorders flow through the criminal justice system along six distinct intercept points: (0) Mobile Crisis Outreach Teams/Co-Response, (1) Law Enforcement and Emergency Services, (2) Initial Detention and Initial Court Hearings, (3) Jails and Courts, (4) Reentry, and (5) Community Corrections/Community Support.
- Identify challenges, resources, and opportunities for each intercept for individuals in the target population.
- Create priorities for activities designed to improve system and service level responses for individuals in the target population.
- Generate an action plan to implement the priorities.
- Nurture cross-system communication and collaboration.

## KEY FACTORS THAT SUPPORT THE EFFECTIVENESS OF THIS PROCESS

Communities that remain engaged and make significant progress toward their goals have key commonalities. Specifically, they draw on the participation from people with lived experience of mental health and behavioral health challenges or justice involvement. Successful communities



also create formal leadership teams to drive priorities forward. They make use of data to identify progress, adapt their plans, and optimize services. They also know the law as it relates to mental health and justice involvement.

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## THE POWER OF LIVED EXPERIENCE

Community-based peer support services that assist with transition or reentry into community-based mental health services can help individuals achieve long-term recovery. Peer support specialists can provide insight into potential triggers and relapses, and provide:

- Emotional support
- Shared knowledge
- Practical assistance
- Connection to people with resources
- Opportunities and communities of support

In Texas, there are three primary certifications for peer specialists: Mental Health Peer Specialists, Recovery Support Peer Specialists, and Certified Family Partners. A growing number of peer specialists obtain certification as Re-Entry Peer Specialists who have lived experience with incarceration as well as recovery from mental health and/or substance use challenges. Re-Entry Peer Specialists can play [important roles](#) at all points along the Sequential Intercept Model.

Several organizations and resources provide helpful guidance:

- [Via Hope](#) is a Texas nonprofit organization that provides training, technical assistance and consultations related to the peer workforce. The organization also trains and certifies reentry peer support specialists.
- [PeerForce](#) serves as a hub for peers and family partners in Texas, collaborating with communities and organizations to advance and broaden the peer career field. They provide assistance to prospective employers on how to implement peer services and provide training for prospective peers.
- [SAMHSA](#) is the federal agency that for decades has worked to promote peers in leadership roles.
- [National Association of Peer Supporters](#)
- Philadelphia's DBHIDS [Peer Support Toolkit](#)

[Clubhouse International](#) is a global nonprofit organization that helps communities create clubhouses. Clubhouses provide people living with mental illness opportunities for friendship, employment, housing, education, and access to medical and psychiatric services. Some clubhouses include peer support specialists and can be good resources, particularly during the

reentry process. [Clubhouse Texas](#) is a key resource for information about the burgeoning clubhouse movement in Texas.

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## CONTINUED CROSS-SYSTEM COLLABORATION

Experience shows that the counties generating enduring results in their system change efforts are those that create formal coordinating groups such as Behavioral Health Leadership Teams or other coordinating bodies that facilitate and guide countywide justice and behavioral health cross-systems stakeholder planning.

The team of multi-agency stakeholders should lead in designing, implementing, and monitoring mental health focused diversion efforts. Representatives from across sectors, including behavioral health, probation, the judiciary, defense attorneys, and law enforcement should be included along with people with current knowledge of mental health needs, evidence-based assessments, and treatments.

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## EFFECTIVE USE OF DATA

Counties that make good use of available data to track progress and shape decision making are best positioned to achieve their goals. Hutchinson County can capitalize on their data collection and improve the data collection process across the SIM by taking several steps. [SAMHSA](#) has an article on [Data Collection Across the Sequential Intercept Model: Essential Measures](#) that contains insightful techniques that can be reviewed and implemented on a local level. Ensuring the accuracy of Texas Law Enforcement Telecommunications System (TLETS) data is an important part of improving data collection in Texas.

Some counties train dispatch centers to ask if the nature of the emergency call is police, fire, or mental health, regardless of the availability of a Crisis Intervention Team or co-responder team to respond. Law enforcement agencies can assign an incident number to every mental health call so that the calls can be tracked and analyzed for trends and patterns. This data can be used to secure grant funding for training and resources, as well as additional resources from the county.

There are several organizations that offer resources to assist with improving data collection, analysis, and creation of performance measures.

**Stepping Up Initiative.** The [Stepping Up Initiative](#) is strongly focused on the use of data to assist in lowering the numbers of people with mental illness in jail. Counties can take advantage of the resources on the Stepping Up website to benefit their residents. Consider developing goals, such

as: 1) Reducing the number of people with severe mental illness admitted to the county jail, 2) Reducing the length of stay for people with severe mental illness while in jail, 3) Increasing connections to community-based treatment and support upon release, and 4) Reducing their criminal recidivism. Specific goals will help clarify and direct what data should be collected and how to use that data to further the county's cross-systems efforts.

**Bureau of Justice Assistance.** The Bureau of Justice Assistance published [A Guide to Collecting Mental Health Court Outcome Data](#) in 2005 to help guide mental health court teams on collecting and using data. Outcome data can help courts demonstrate the purpose of the specialty court program and attract funding sources to expand and enhance the program. The [Center for Court Innovation](#) has a short document on [collecting data for drug courts](#).

**Justice Counts.** [Justice Counts](#) is a national program that reviews data from all fifty states then develops and builds consensus around a set of key criminal justice metrics that drive budget and policy decisions. The program also [creates a range of tools](#) and resources to help local communities to adopt new data metrics. The program provides technical assistance and funding to selected states.

**Measures for Justice.** [Measures for Justice](#) is a nonprofit organization with a mission to make accurate criminal justice data available to spur reform. The organization offers [tools and services to communities](#), including general consulting.

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## UNDERSTANDING CURRENT STATUTES AND BEST PRACTICES

As communities map gaps and opportunities at each intercept, it is especially important to understand the current laws and responsibilities. Oftentimes, compliance with existing statute is hindered by the lack of cross-system collaboration and a lack of clarity about which entity is responsible for the law's implementation. Courts are uniquely positioned in this regard to bring together stakeholders and mobilize cooperative efforts to implement the law collaboratively.

The Judicial Commission on Mental Health recently released the [Fourth Edition Texas Mental Health and Intellectual and Developmental Disabilities Law Book](#), which provides community and justice stakeholders with a comprehensive overview of best practices and existing laws at each point at which people intersect or are at risk of intersecting with the justice system.

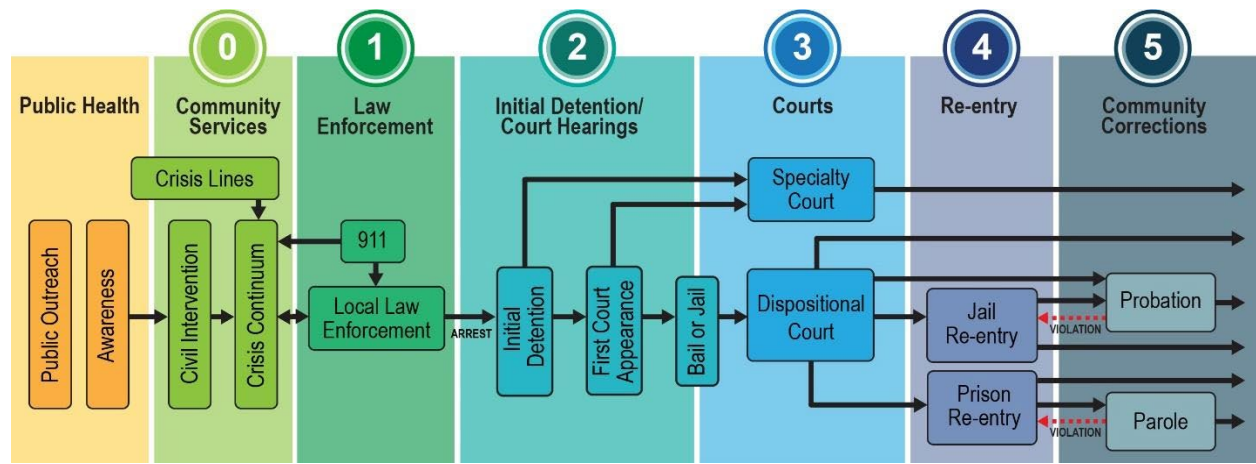


## RESOURCES AND CHALLENGES AT EACH INTERCEPT

The primary objective of the workshop is to create a Sequential Intercept Model map. The workshop's facilitators work with the participants to identify resources and gaps at each intercept. This process is essential to success since the criminal justice system and behavioral health services are constantly changing, and identifying the gaps and resources allows for a contextual understanding of the local map. The map can also be used by planners to establish substantial opportunities for improving public safety and public health outcomes for people with mental health and substance use disorders by addressing the gaps and building on existing resources.

Prior to the workshop, a planning team of Hutchinson County leaders identified specific community goals:

- Facilitate mutual understanding, collaboration and relationship building between a diverse array of stakeholders, all of whom are dedicated to system transformation
- Identify best practices, resources, gaps in services, and opportunities for improvement and innovation across all SIM intercepts
- Prioritize key steps toward system transformation and improved service delivery
- Create a longer-term strategic action plan, optimizing use of local resources and furthering the delivery of appropriate services



## INTERCEPT 0

**Intercept 0** encompasses the early intervention points for people with mental illness, substance use disorder, and/or intellectual and developmental disability prior to possible arrest by law enforcement. This intercept captures systems and services designed to connect people with treatment before a crisis begins or at the earliest possible stage of system intervention.

### INTERCEPT 0 RESOURCES

Workshop participants identified numerous resources already existing in the community that can support individuals with behavioral health challenges and divert them from the justice system.

Intercept 0 Community Services	
<a href="#"><u>Texas Panhandle Center Mental Health Crisis Line - 1-800-692-4039</u></a>	<a href="#"><u>The Pavilion of Northwest Texas</u></a>
<a href="#"><u>Hutchinson County Crisis Center</u></a>	<a href="#"><u>988 Mental Health and Suicide Lifeline</u></a>
<a href="#"><u>Borger EMS</u></a>	<a href="#"><u>Dove Tree in Lubbock</u></a>
<a href="#"><u>Alcoholics Anonymous</u></a>	<a href="#"><u>Texas Panhandle Centers</u></a>
<a href="#"><u>Golden Plains Rural Clinics (Borger, Fritch, and Stinnett)</u></a>	<a href="#"><u>Golden Plains Walk In Clinic</u></a>
<a href="#"><u>Golden Plains Community Hospital</u></a>	<a href="#"><u>Northwest Texas Hospital</u></a>

<a href="#"><u>Pampa Regional Hospital</u></a>	<a href="#"><u>Salvation Army</u></a>
<a href="#"><u>Panhandle Community Services</u></a>	<a href="#"><u>Helping Hand</u></a>
<a href="#"><u>Texas Workforce Commission</u></a>	<a href="#"><u>Hutchcares</u></a>
<a href="#"><u>The Refuge of Dumas</u></a>	<a href="#"><u>Hutchinson County Veterans Services Officer - Tonya Yankee</u></a>
<a href="#"><u>Amarillo VA Hospital</u></a>	<a href="#"><u>Texas Tech Psychiatric</u></a>
<a href="#"><u>Cenikor</u></a>	<a href="#"><u>United Way - Free Counseling</u></a>



### **A Community United to Address Mental Health**

The United Way of Hutchinson County, under the leadership of Julie Winters, has made remarkable strides in addressing mental health in the community. In January 2020, with the guidance of Panhandle Behavioral Health Alliance, they invited key stakeholders from across the county to create a Mental Health Taskforce. Nearly 50 people showed up and rolled up their sleeves. Judge Mosley helped lead these efforts from the very start.

Shortly after the Taskforce was formed, the United Way connected with Via Hope. Via Hope trains certified mental health and recovery support peers, helping the County to incorporate peers into the efforts to address gaps in mental health in the county. Since that time, United Way and Judge Mosley secured an award of federal dollars to train and hire three certified peers who now work with people in the drug court, serve youth in the juvenile justice system, facilitate recovery groups, and provide one-on-one support to anyone with mental health and substance use challenges who reaches out for help. United Way was also accepted into a learning collaborative with Via Hope, advancing the effective use of certified peers. These efforts set Hutchinson County apart from many other counties in which individual peer support is more difficult to access.

The United Way also recognized the importance of having qualified mental health professionals working in the community. They assist clinicians with housing costs and other necessities that enable them to grow deeper roots in the community. The community set a priority of finding office space for mental health practitioners, creating an outpatient treatment hub.

The United Way is also deeply involved in expanding the intensive case management for people with mental illness who are placed on probation. This is especially important in a county where mental health resources are strained, and the adult probation department is stretched thin.

When asked about the impact of these efforts, Julie says, “We’re on our way. There’s hope. Things are happening.”

## **INTERCEPT 0 GAPS AND OPPORTUNITIES**

During the workshop, stakeholders identified several gaps or insufficiencies in the continuum of care services for individuals with behavioral health challenges that may be contributing to

significant impacts on the local criminal justice system at intercept 0. Stakeholders then shared ideas for opportunities to address these concerns.

Throughout the mapping process, community members uniformly agreed that Hutchinson County is sorely lacking in adequate mental health services. Like other counties, the supply of crisis stabilization beds is limited, but is complicated by lack of transportation to larger cities.

People with mental illness can receive services from the local mental health authority, Texas Panhandle Centers (TPC), and there is a clinic in Borger; however, case management services are limited. Clients of TPC in Hutchinson County commonly engage in treatment inconsistently, possibly because of a lack of attention to an individual's emerging needs or inadequate transportation. Telehealth services are also available at the Borger clinic, in a limited manner due to provider shortages.

Preventing or deescalating crisis is also complicated for people with mental illness who live in this largely rural county. People are often not aware of 988. The cost of medications and psychiatric care is prohibitive, and there are inadequate numbers of providers available even to those who can afford care.

The United Way is already working to increase the number of providers in the county. Community members saw an opportunity to support these efforts by dedicating a larger space for outpatient services. Additionally, stakeholders suggested increasing the use of Mental Health Peer Support to amplify these efforts.

The community also recognized that much of the burden of handling mental health crisis falls on law enforcement. They saw this as an opportunity to hire mental health officers and equip police departments with better training related to mental health crisis. The community also saw this as an important opportunity to invest in jail diversion strategies.

The community also recognized that substance use services are very limited in the county. Many of the people with mental illness who encounter law enforcement also have co-occurring substance use challenges. They suggested creating a detox center and investing in additional substance-use services.



## INTERCEPT 0 BEST PRACTICES

At each intercept, it is helpful to understand best practices emerging in communities throughout the country. While not every best practice will be relevant to Hutchinson County, especially when there are serious resource limitations, these practices provide a useful lens for identifying promising pathways forward. The best practices listed below may provide a reference point for Hutchinson County as it adapts best practices to its own unique challenges.

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### BEST PRACTICE: USE ALTERNATIVES TO THE CRIMINAL JUSTICE SYSTEM

Crisis services include the array of resources available to individuals who are experiencing a mental health crisis. These services can include stabilization units, mental health hotlines, mobile crisis units, and residential units. A strong presence of supportive resources at this stage can reduce the number of law enforcement contacts with individuals who have mental health issues. It is important that stakeholders and the public know of these services and that they are affordable and accessible.

Pre-arrest diversion is designed to reduce the number of persons who are arrested and placed into the criminal justice system and local jail because of a mental health problem. Instead of punishment, diversion directs people toward treatment and mental health support and takes the responsibility for rehabilitation off the local criminal justice system. The laws in Texas supporting pre-arrest diversion are designed to connect those in crisis with adequate treatment and services and reduce the pressure on the criminal justice system while maximizing community safety. Some examples of pre-arrest diversion laws and techniques are listed below.

Under [Texas Code of Criminal Procedure art. 16.23\(a\)](#), every law enforcement agency must make a good-faith effort to divert a person who is experiencing a mental health crisis or ill effects of substance use to a proper treatment center in the agency's jurisdiction.

This provision applies if:

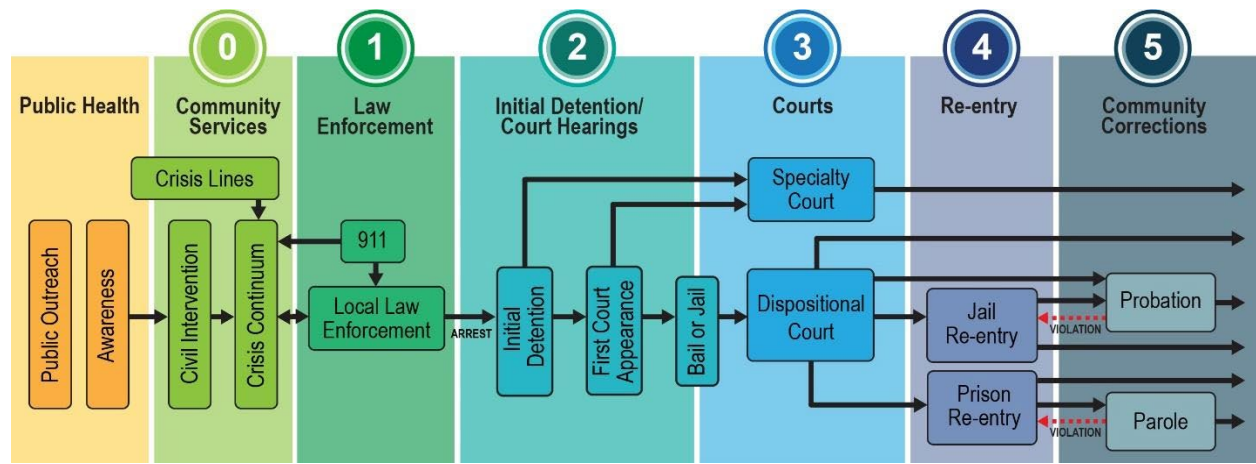
- a treatment center is available;
- diversion is reasonable;
- the offense is a non-violent misdemeanor; and
- the mental health or substance use issue is suspected to be the reason for the offense.

First responder training includes dispatcher training, specialized police response, mental health first aid, and training for EMTs and other first responders. An example is Crisis Intervention Team (CIT) training. CIT focuses on identifying signs of mental health disorders, de-escalating a situation that involves those signs, and connecting people to treatment. The importance of crisis training has increased in recent years to avoid escalation into the use of force. All law enforcement

officers should receive crisis and de-escalation training as well as regular updates on related best practices. [CIT refresher courses](#) are an opportunity for peace officers who have already completed the academy.

In a [Co-Responder Team Model](#), at least one law enforcement officer and one mental health professional jointly respond to situations that likely involve a behavioral health crisis. A co-responder team can de-escalate situations and promote diversion to services.





## INTERCEPT 1

**Intercept 1** encompasses initial contact with law enforcement and other emergency service responses. This intercept captures systems and services designed to divert people away from the justice system and toward treatment when safe and feasible.

### INTERCEPT 1 RESOURCES

Workshop participants identified numerous resources already existing in the community that can support individuals with behavioral health challenges and divert them from the justice system.

Intercept 1 Law Enforcement	
911 <a href="#">City of Borger Dispatch</a>	<a href="#">Hutchinson County Sheriff's Office</a>
<a href="#">Stinnett Police Department</a>	<a href="#">Borger Police Department</a>
<a href="#">Texas Highway Patrol</a>	<a href="#">Fritch Police Department</a>

### INTERCEPT 1 GAPS AND OPPORTUNITIES

The primary gaps at intercept 1 revolved around officer shortages, training, and the perpetual cycle of mental health and substance use that impacts individuals and families. The stigma associated with mental illness continues to impede efforts to address these challenges before

they become crises, shifting the burden onto the police and an already inadequate system of supports. Stigma and inadequate training also leave police officers without the tools and techniques they need to respond effectively.

Most of the discussion focused on opportunities rather than gaps. Community members emphasized the need for better training, including mental health certification and de-escalation. At least one police department has already certified their officers and urged other departments – including the Sheriff’s Office – to take the necessary training to become certified as well. They also suggested improving police department knowledge of their discretion to divert individuals from arrest and the circumstances when this is warranted.

To address officer shortages, the community stakeholders suggested utilizing constables in their efforts to respond to mental health crises. According to those involved in the mapping process, constables in Hutchinson County are underutilized and may have the time and interest in assisting in these efforts. They also suggested hiring a nurse practitioner to become a co-responder with officers on mental health crisis calls.

Participants understood the cycle of mental illness and substance use in families goes back generations. They saw this as an opportunity to address stigma and provide more mental health education and services earlier, especially within schools.

## INTERCEPT 1 BEST PRACTICES

### BEST PRACTICE: USE CIVIL INTERVENTIONS WHEN APPROPRIATE

Civil interventions refer to legal processes by which people other than the person with mental illness can initiate treatment and includes initiation of civil commitment proceedings and court-ordered treatment, including [assisted outpatient treatment \(AOT\)](#). Civil commitment processes and AOT do not require the involvement of the police or the criminal justice system. Recently, states have begun to provide for civil interventions for behavioral health conditions other than mental illness, including substance use disorders.

Court-ordered treatment can be provided in the community or in an inpatient setting as determined by a clinical evaluation. Inpatient and outpatient treatment can be delivered sequentially or, alternatively, beginning with outpatient options and utilizing inpatient settings as needed. It is important to recognize that more coercive approaches are appropriate only after services have been offered to individuals and they have rejected them on a voluntary basis.

Most civil commitments in Texas start with an Emergency Detention. Emergency Detentions require a mental health crisis: that the individual displays a mental illness; that the individual displays a substantial risk of serious harm to themselves or others; that the risk of harm is imminent unless the individual is immediately restrained; and a statement of supporting facts describing specific recent behavior for the belief, including overt acts, attempts, or threats that were observed. The Emergency Detention may happen through either of two legal pathways:

- A law enforcement officer may take an individual to an inpatient facility through an Apprehension by Peace Officer Without a Warrant (APOWW, also known as an Apprehend and Detain or A&D) under [Texas Health & Safety Code § 573.001](#); or
- A judge may issue a warrant under [Texas Health & Safety Code § 573.011](#) authorizing a peace officer to transport the individual to an inpatient facility.

[Psychiatric Advanced Directives](#), also known as [Declarations for Mental Health Treatment](#), allow a person to control their mental health treatment in the event that they become unable to make treatment decisions at a later date. It may be possible for a person to carry these documents or pre-submit them to hospitals, jails, and other facilities.

Supported decision making allows individuals to make their own decisions and manage their affairs while receiving the assistance needed to do so. Resources about supported decision making include a [handout](#), a [toolkit](#), an [explainer video](#), and sample [agreement forms](#).

Guardianships can be used to support individuals who, due to age, disease, or injury, need help managing some or all their daily affairs. It should be noted that guardianship removes some of the individual's rights and privileges. More information on guardianships is offered by the [Texas Guide to Adult Guardianship](#), and the [Texas Guardianship Association](#).

Assisted Outpatient Treatment (AOT) Court Programs are programs in civil courts, typically probate courts, that use court-ordered community-based treatment to improve treatment outcomes and reduce involvement in the judicial system. [Implementing an AOT Court](#) explains how to set up an AOT court in Texas. The [Texas AOT Practitioner's Guide](#) explains how to operate an AOT Court in accordance with Texas laws and procedures.

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#### BEST PRACTICE: PRE-BOOKING DIVERSION CENTERS

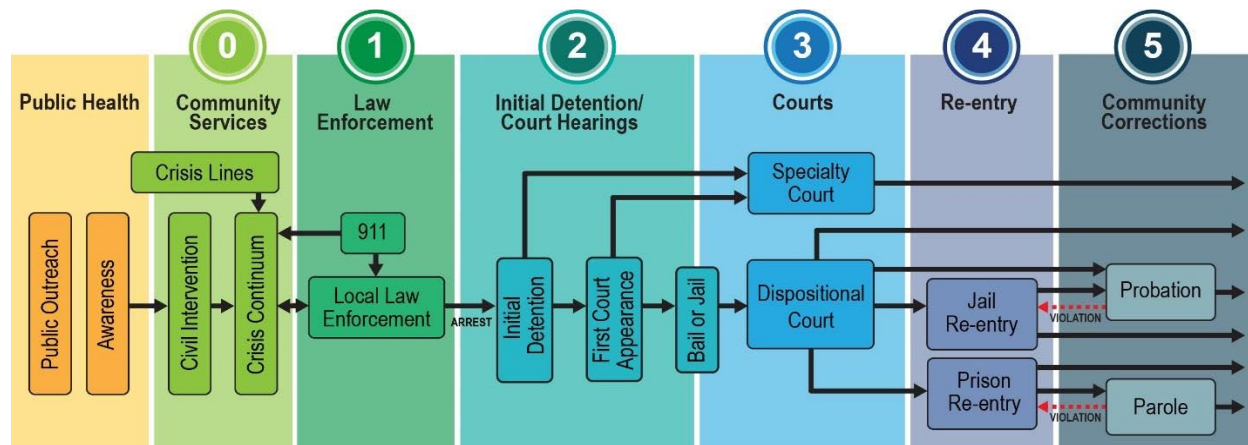
Pre-booking diversion centers can be designed in multiple ways. The Texas Health and Human Services Commission (HHSC) outlines [four types of crisis units](#) designed for people experiencing significant mental health symptoms:

- Crisis Respite Units – individuals at low risk of harm; provides a home-like environment but not permanent housing
- Crisis Residential Units – individuals who might harm themselves or others; provides a home-like environment but not permanent housing
- Extended Observation Units – individuals at high risk to self or others; up to 48-hour stays, as opposed to standard 23-hour observation units
- Crisis Stabilization Units – individuals at high risk of psychiatric hospitalization; up to 14-day stays

For intoxicated individuals at risk of arrest, sobering centers provide a safe environment in which to become sober and, ideally, link to substance use services. In some settings, such as the [Sobering Center](#) in Travis County, the staff may assist the individual to find an appropriate detox center. Some centers allow the individual to remain until a detox bed becomes available. In these cases, the center coordinates with its medical director, and occasionally may be authorized to provide detox medications. Sobering centers can also innovate, providing safe sobering for individuals intoxicated on substances other than alcohol. For instance, the Austin/Travis County Sobering Center created a stimulant sobering room, which is geared toward helping individuals safely come down from stimulants.

Diversion centers can reduce the number of individuals in the criminal justice system due to challenges with mental health or substance use. A crisis unit with expedited review by an assistant district attorney can make the decision of whether to file a criminal case or to pursue a civil diversion. Jail book-in time can be decreased with a diversion center. Dallas County recently opened their own diversion program, [Dallas Deflects](#), to connect individuals with mental health services.





## INTERCEPT 2

**Intercept 2** encompasses people who are detained and have an initial hearing with a magistrate. This intercept is the first opportunity for judicial interaction in the criminal justice system, including intake screening, early assessment, appointment of counsel and pretrial release of those individuals with mental illness, substance use disorder, or intellectual and developmental disability.

### INTERCEPT 2 RESOURCES

Hutchinson County Community Supervision and Corrections Department operates pretrial services for the county.

Upon arrest, the Hutchinson County Jail, which is administered by Jail Captain Monica Sepulveda, does the 16.22 screening and provides the information to the magistrate, Justice of the Peace Leslie Ford.

Indigent defense counsel is appointed following magistration. Frequently, jail staff call defense attorneys with more experience representing clients with mental illness to ensure these individuals are represented by qualified counsel.

The jail contracts with a local physician (Dr. Weber) to provide medical and medication management.

### INTERCEPT 2 GAPS AND OPPORTUNITIES

One major gap identified by the community is that there are no mental health facilities or providers that meet the Code of Criminal Procedure requirements for outpatient competency

restoration, which means that people identified as incompetent to stand trial must wait for months or years for placement in a state hospital. There is no mechanism in place for court-ordered medication. Indeed, the community members indicated that it is already a struggle ensuring that people detained in jail receive the medications they are prescribed.

Community members were unsure whether civil commitments (see best practices section below) and emergency detention were being used to avoid arrest. As stated previously, many local police departments are untrained in how to utilize these mechanisms, even if they were in place.

Participants stressed the importance of doing early crisis intervention or diversion to avoid arrest. The implications of arrest for those with serious mental illness are dire. They emphasized the importance of improving engagement with TPC to enhance mental health supports and develop additional outpatient competency options. They also suggested creating a small diversion facility for people with serious mental illness. During the mapping, community members half-jokingly volunteered to donate their own property – underscoring how important it is to everyone to keep people with serious mental illness out of jail.

### **A Heartbreaking Revolving Door**

Prosecutors and defense attorneys agreed that Hutchinson County has a serious problem: people with mental illness who are deemed incompetent to stand trial linger in jail, awaiting placement in competency restoration units in state hospitals. During the year or longer wait for a bed to become available, people remain in jail, often decompensating. It is common for people to wait for competency restoration services in jail up to the maximum number of days for their charge, and never receive those services. All of the attorneys could name cases of people who were released and re-arrested within days, starting the process all over again.

Options to fix the system are constrained by the lack of qualified psychiatric professionals necessary to start an outpatient competency restoration program. Participants universally agreed that the County needs to do more to divert people with mental illness from arrest. They saw this as an opportunity to utilize the [Eliminate the Wait](#) toolkit, ensuring that everyone—from police to judges—knows their role when it comes to competency restoration. They urgently expressed the need to find a way to increase the use of mental health bonds.



## INTERCEPT 2 BEST PRACTICES

### BEST PRACTICE: IDENTIFY EARLY AND DIVERT WHEN APPROPRIATE

Every person that is arrested and brought to jail should be screened for mental health and substance use disorders and diverted when appropriate. Texas law provides some guidance for this process:

- **Continuity of Care Query (CCQ):** With limited exceptions, the Texas Administrative Code requires every jail to conduct a CCQ check on each individual upon intake into the jail. The CCQ is originated through the Department of Public Safety’s Texas Law Enforcement Telecommunications System (TLETS), which initiates a data exchange with HHSC’s Clinical Management for Behavioral Health Services system to determine if the individual has previously received state mental healthcare. The CCQ identifies whether an individual has sought services at a Texas local mental health authority (LMHA) in the previous three years. This information is often limited in nature and not as helpful as magistrates, judges, and lawyers would like it to be; the utility of this system depends on the accuracy of TLETS data.
- **Code of Criminal Procedure art. 16.22:** [CCP 16.22](#) details a procedure for identifying a person’s possible mental illness or intellectual disability at the earliest stages of—and throughout—a criminal proceeding. Under article 16.22, a magistrate must, under certain circumstances, order an expert to interview the defendant and otherwise collect information regarding whether the defendant has a mental illness or intellectual disability in order to alert the necessary stakeholders if the resulting report indicates possible mental illness or intellectual disability. Once the report is reviewed, diversion options like outpatient treatment, voluntary inpatient treatment, or involuntary civil commitment may be pursued.
- **Code of Criminal Procedure art. 17.032:** Pursuant to [CCP 17.032](#), unless good cause is shown, the magistrate must release the person on personal bond if they are not charged with or previously convicted of a statutorily defined violent offense, the procedures in the statute were followed, and the conditions were met. The magistrate may include bond conditions that address behavioral health needs. Typical conditions of “mental health” bonds include requirements to: check in with the LMHA; abide by the LMHA’s recommendations; possess no firearms; possess no marijuana, controlled substances, or cannabidiol (CBD); and attend all appointments for assessments and services. A “warm handoff” to the LMHA can help promote compliance with the conditions.

As discussed above in intercepts 0 and 1, [diversions for defendants with mental health disorders](#) can provide a benefit to the defendant, the judicial system, and the community as a whole. Jail diversion occurs after an arrest has been made, but before an official charge from the state. This type of diversion can also be called a pre-charge diversion or a prosecutor-led diversion.

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#### BEST PRACTICE: ENSURE JAIL ACCESS TO TELEPSYCHIATRY/ MEDICATIONS

The Texas Commission on Jail Standards is required to adopt reasonable rules and procedures that require county jails to provide access to telehealth at any time of day and provide prescription medications according to [Texas Government Code Section 511.009](#), or to use all reasonable efforts to arrange for the individual to have access to a mental health professional within a reasonable time.

Telehealth can improve care and ease workforce challenges. Installing a tablet equipped with telehealth software in a location that does not require staff supervision of the individual who is using it could decrease staffing shortages. Telehealth would allow the doctor to observe the individual who cannot or will not communicate with LMHA staff. In addition, collateral witnesses (jail staff, family members) could use the tablet to document their statements and observations of the individual under Texas Code of Criminal Procedure articles 16.22 and 17.032.

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#### BEST PRACTICE: CREATE CROSS-SYSTEM REVIEW TEAMS

Cross-system collaboration reaches across fragmented services and systems to build constructive working relationships to accomplish goals. Teams composed of individuals across systems can work together to overcome challenges, such as funding silos, limited resources, and differences in system “cultures” or values.

Court liaisons provide a vital link to mental and behavioral health service providers during the life of court cases. Liaisons are typically clinically trained and connected either with a behavioral health provider or with the court. They are adept at providing program and treatment coordination and communicating with service providers and agencies outside of the court.

Community Diversion Coordinators play a critical role. Typical duties and responsibilities include:

- Engage stakeholders in education on the many diversion opportunities across the SIM.
- Assist the court and attorneys in evaluating cases and defendants to determine if a pathway other than jail would better serve the defendant and the community.
- Develop and foster collaborative relationships between the LMHA, local hospitals, the jail, and the courts.

- Coordinate the creation of treatment plans to ensure appropriate community support for individuals being released into the community.

Solid data and information sharing policies support strong cross-system collaboration. Data-driven indicators measure the effectiveness of behavioral health interventions and allow adjustments to be made to increase the effectiveness of those interventions. Data can also measure the cost effectiveness of behavioral health programs and allow policy makers to allocate resources more effectively. Coordinating data offers an opportunity to identify high cross-system utilizers. Data should be collected about individuals' progress and needs, responses to those needs, and efforts to improve mental health responses. Information sharing is required under [Health and Safety Code Sec. 614.017](#) for continuity of care and continuity of services purposes for certain individuals with special needs.

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#### BEST PRACTICE: QUICKLY APPOINT AN ATTORNEY

It is best practice to appoint counsel as soon as practicable upon arrest of an individual. Appointing counsel at an earlier point in the case, such as before indictment, will reduce the length of time people are housed in jail waiting for evaluations and waiting for transportation to facilities for evaluation or restoration, as defense counsel can meet the client and begin assessing the client's needs. Opportunities to better utilize early appointment of counsel include:

- Creating and implementing a process for appointed defense counsel to access certain evidence in the case file, such as the offense report and arrest warrant affidavit, prior to indictment, so they can begin working on the case.
- Creating and implementing a process for defense counsel to request competency evaluations prior to indictment.
- Discussing possibilities of diversion in lieu of competency restoration in certain cases.

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#### BEST PRACTICE: TRANSFER TO CIVIL COURT VIA CCP 16.22(C)(5)

Pursuant to [Code of Criminal Procedure art. 16.22\(c\)\(5\)](#), after an interview of the defendant provides clinical evidence to support a belief the defendant may be incompetent to stand trial, the court may release the defendant on bail while charges remain pending and enter an order transferring the defendant to the appropriate (civil) court for court-ordered outpatient mental health services under Chapter 574 of the Health and Safety Code. Case transfer under this statute is only for cases where the offense charged does not involve an act, attempt, or threat of serious bodily injury to another person.

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## BEST PRACTICE: RIGHT SIZE COMPETENCY RESTORATION SERVICES

The competency to stand trial process is designed to protect the rights of people who do not understand the charges against them and are unable to assist in their own defense. Long-established constitutional law mandates that a criminal prosecution may not proceed unless the defendant has sufficient present ability to consult with their lawyer with a reasonable understanding of the proceedings against them.

Under Texas [Code of Criminal Procedure article 46B.004](#), if the mere suggestion of incompetency is raised in a case, the court must conduct an informal inquiry to assess whether there is “some evidence from any source” that would support a finding of incompetency. If so, then the court is required to stay (or stop) all proceedings and order a competency exam. If an individual is found competent, the case will proceed to determine adjudication. If the individual is found incompetent, judges can order services, including mental health treatment and medications designed to restore the defendant to legal competence.

For more than a decade, Texas and other states have seen an increasing number of individuals in county jails who have been found to be incompetent to stand trial but who do not have access to a state hospital bed to begin an inpatient competency restoration process. In Texas, several thousand people fail to receive competency restoration services for months or even years, presenting severe challenges to county jails and great personal cost to the individuals. Actively monitoring the local waitlist can help find ways to divert individuals. One method is to have an individual re-evaluated if there is reason to believe the person is stabilized while receiving jail-based mental health services.

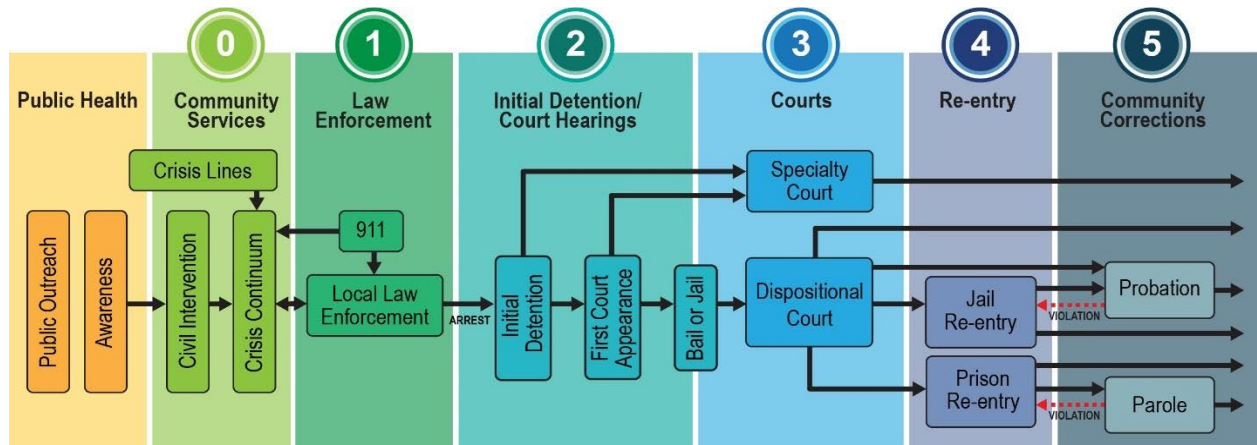
JCMH and HHSC partnered to create a statewide initiative to [Eliminate the Wait](#) and right-size competency restoration services through education, training, and technical assistance. Every effort should be made to streamline determinations of competency and related proceedings. There is also a growing consensus that because of the likelihood of an increased length of incarceration and confinement, the competency process should be reserved for defendants who are charged with serious crimes, and others should be diverted to treatment.

Outpatient competency restoration and jail-based competency restoration programs are alternative competency restoration options provided by community-based services and in-jail services, respectively. For individuals who meet the criteria, these local programs are effective alternatives to using state hospital beds.

Involuntary medication frequently restores competency for individuals and allows for a more rapid return to the community than involuntary hospitalizations. (Read more at: <https://mentalillnesspolicy.org/medical/involuntary-medication.html>). Rather than requiring cumbersome guardianship proceedings, the Mental Health Code permits treating physicians to

seek court orders to allow the administration of psychoactive medications to persons who lack capacity to consent to such medication. The court-ordered medication process cannot be used for Class B offenses; these cases may be good candidates for transfer to civil court under CCP 16.22(c)(5).





## INTERCEPT 3

**Intercept 3** encompasses people who are held in pretrial detention at the local jail or released to the community while awaiting disposition of their criminal cases. This intercept includes constitutional protections, services that prevent the worsening of a person’s mental or substance use symptoms, and interventions that connect individuals with community treatment options.

### INTERCEPT 3 RESOURCES

Intercept 3	
Courts	
<a href="#"><u>316th District Judge James Mosley</u></a>	<a href="#"><u>84th District Judge Curt Brancheau</u></a>
<a href="#"><u>County Attorney Craig Jones</u></a>	<a href="#"><u>County Judge Cindy Irwin</u></a>
<a href="#"><u>District Attorney Mark Snider</u></a>	

The Hutchinson County District Court also operates a Drug Court, in collaboration with the Hutchinson County Community Supervision and Corrections Department, and the Friends of Hutchinson County Drug Court. The drug court meets weekly, providing encouragement, connecting with peer support, and celebrating graduations. Families and members of the public are invited to these events to share in the celebration. These events help to destigmatize substance use disorder and make recovery part of the fabric of the community.

## INTERCEPT 3 GAPS AND OPPORTUNITIES

There are serious resource limitations that make placement onto regular adult probation unsustainable:

- First, adult probation is not resourced to provide mental health services. The Director of Hutchinson County CSCD indicated that they rely on TPC for these services, which are quite limited in the county.
- Second, community-based resources for serious mental illness are woefully inadequate, as described in Intercept 0.

These limitations also make it difficult to create a mental health court. The community services are lacking, and the probation department only has three officers to support it. Overriding these challenges is the lack of housing, which makes it extraordinarily difficult to help clients find the stability they need to succeed on supervision.

To address these limitations and improve success rates, the participants saw this as an opportunity to create a regional approach, working with other rural counties to share resources, operate virtual courtrooms when necessary, and optimize services.

## INTERCEPT 3 BEST PRACTICES

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### BEST PRACTICE: ALTERNATIVE SENTENCING

Post-trial diversion and alternative sentencing options provide opportunities to direct individuals to rehabilitation-focused interventions that balance the interests of justice with treatment. Most importantly, they avoid incarceration for individuals who meet certain sentencing conditions. Often involving suspended sentences and/or probation, alternative sentencing can be as creative and flexible as a judge and community resources will allow. Examples of alternative sentencing include community service, assisted outpatient treatment, and other required participation in appropriate treatment, including problem solving courts. Pursuant to [Code of Criminal Procedure art. 46B.004\(e\)](#), the prosecutor may dismiss all charges pending against a defendant after the issue of the defendant's incompetency to stand trial is raised.

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## BEST PRACTICE: SEEK TO ESTABLISH MENTAL HEALTH SPECIALTY COURTS OR DOCKETS

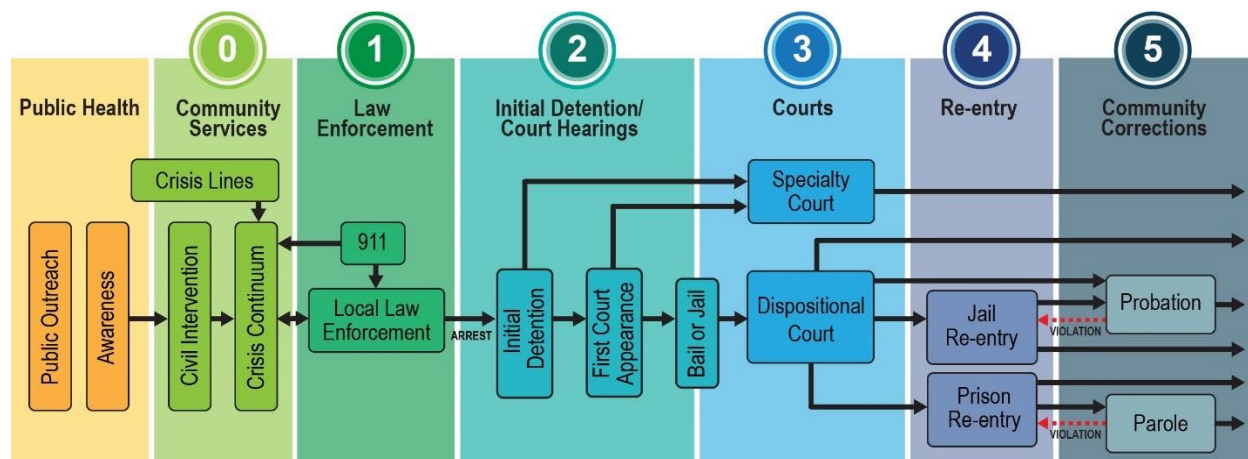
A “mental health court program” under [Texas Government Code § 125.001](#) has the following essential characteristics:

- integrates and provides access to MI and ID treatment services in processing cases in the court system;
- uses a non-adversarial approach involving prosecutors and defense attorneys to (1) promote public safety and (2) protect the due process rights of program participants;
- promotes early identification and prompt placement of eligible participants in the program;
- requires ongoing judicial interaction with program participants;
- diverts people with mental illness or intellectual disability to needed services in lieu of prosecution;
- monitors and evaluates program goals and effectiveness;
- facilitates continuing interdisciplinary education on effective program planning, implementation, and operations; and
- develops partnerships with public agencies and community organizations, including LMHAs/LBHAs.

[Appendix 2](#) at the end of this report provides additional resource recommendations on mental health and other specialty court programs that Hutchinson County may find useful.







## INTERCEPT 4

**Intercept 4** encompasses people who are planning for and transitioning from jail or prison into the community. Services in this intercept include strong protective factors for justice-involved people with mental illness, substance use disorder, or intellectual and developmental disabilities re-entering a community. These services should include detailed, workable plans with seamless access to medications, treatment, housing, and healthcare coverage.

### INTERCEPT 4 RESOURCES

There are some differences in service availability in Hutchinson County compared to larger counties. For instance, people in Hutchinson County with mental illness are not assessed for eligibility for Texas Correctional Office on Offenders with Medical and Mental Impairments (TCOOMMI) intensive case management. Instead, they are referred to TPC, which has a small clinic in Borger as well as case management.

The resources that are available to people exiting jail or prison include:

- [Helping Hand](#) – education and career assistance
- [Texas Workforce Commission](#) – assistance in finding a job, vocational assistance, and child care
- [SNAP](#) – emergency food assistance
- Local recovery support including Alcoholics Anonymous, Narcotics Anonymous, and Celebrate Recovery.

Hutchinson County is committed to connecting justice-involved individuals with reentry peer support, and several local employers are willing to hire individuals with criminal records.

## INTERCEPT 4 GAPS AND OPPORTUNITIES

The participants identified numerous gaps at Intercept 4 along with opportunities that might address or alleviate these gaps. Filling these gaps decreases probation revocation rates and promotes successful reentry, thereby preventing re-arrest.

The first gap identified by participants is the lack of TCOOMMI services in the county. Stakeholders, including adult probation, recognized that the case management available to people with mental illness leaving jail or prison is not adequate. Indeed, some of the participants saw this as a key opportunity to ensure that TCOOMMI services are expanded into Hutchinson County and were already working toward that goal as of the writing of this report.

Even with these efforts, people leaving jail do not receive an adequate supply of medications that will last them to their next appointment with TPC or psychiatric provider. They saw this as an opportunity to ensure people receive a supply of meds upon release and that the jail work with TPC to schedule their next appointment.

Transportation is a major hurdle for successful reentry in the county. The participants spent considerable time discussing solutions, such as creating a ride-share system for county residents.

Hutchinson County is unique in that the United Way has hired Reentry Peer Support Specialists to partner with justice-involved individuals, so the participants were already aware of the important role peers play. They saw this as an opportunity to expand peer services and hire additional peers.

Housing is another major barrier. Participants recommended expanding recovery housing and supportive housing options within the county.

Finally, the participants recognized that people in reentry often don't know about the resources that do exist or even what to ask for. They suggested improving reentry planning prior to release. This may be another role that certified peers can play.

## INTERCEPT 4 BEST PRACTICES

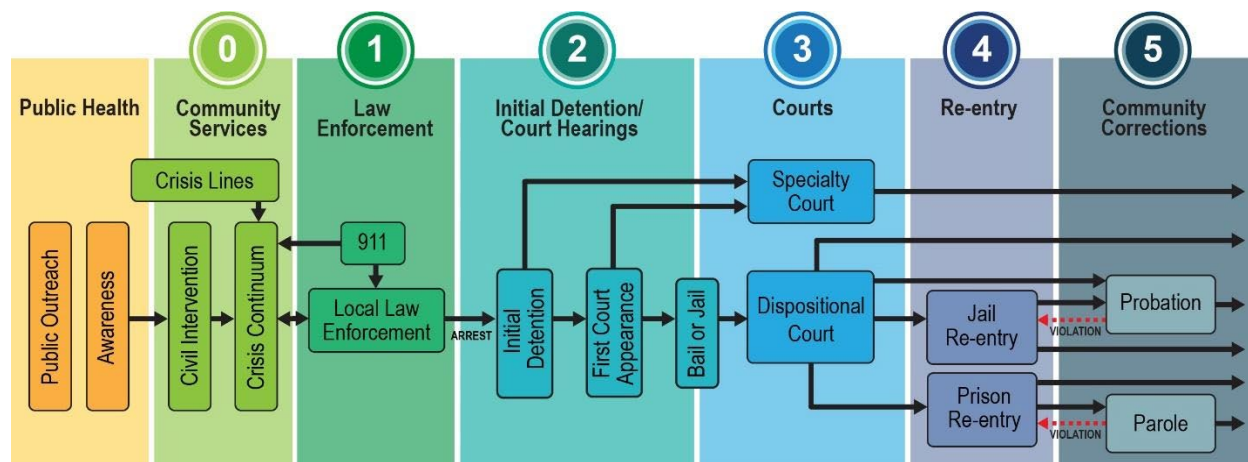
### BEST PRACTICE: PROVIDE REENTRY PLANNING

Transition plans offer guidance for community reentry. A comprehensive plan identifies expectations, resources, and services to guide individuals towards independence. Individuals should play an active role in creating their transition plan.

The most effective reentry planning occurs when the planning begins at intake and continues throughout the individual's time in jail. Community-based providers should be engaged in this planning process. Coordination between community providers and the jail – sometimes called jail in-reach – can increase the likelihood of a smooth transition, including medication access upon release, warm hand-offs to service providers, and immediate access to benefits and health care coverage.

Reentry peer support, described in [“The Power of Lived Experience”](#) in the Background section of this report, can be a helpful resource in developing and implementing individualized transition plans.





## INTERCEPT 5

**Intercept 5** encompasses people under correctional supervision who are usually on probation or parole as part of their sentence, as part of the step-down process from prison, or as required by other state statutes. This intercept combines justice system monitoring with person-focused service coordination to establish a safe and healthy post-criminal justice lifestyle.

### INTERCEPT 5 RESOURCES

The Hutchinson County Community Supervision and Corrections Department operates adult probation and pretrial supervision. They have a total of three officers covering a vast area that includes multiple counties. Officers receive mental health training, and one has a degree in psychology. They provide some training to clients, including Moral Rational Thinking. Additionally, the local Rotary Club helps to fund mental health workbooks for clients. Probation officers also teach a Money and Me Budgeting Class.

### INTERCEPT 5 GAPS AND OPPORTUNITIES

The participants identified numerous gaps at Intercept 5 along with opportunities that might address or alleviate these gaps. Filling these gaps decreases probation revocation rates and promotes successful reentry, thereby preventing re-arrest.

The primary hurdle for adult probation is ensuring that clients with mental health challenges receive the medications and case management they need to succeed. With only three officers, the Department does not have capacity to provide this level of support. Participants described major challenges in probation officers getting support from TPC.

Jennifer Rhoden, the Chief of the Department, related a story of a client who was contemplating suicide. Despite her best efforts, she could not get crisis services from TPC for the client. The TPC staff member in Amarillo, also unable to mobilize immediate services in Hutchinson County, had to help contract with the individual to get them to agree to not hurt themselves.

Jennifer’s highest hope is to get clients the level of support they need and to be able to pick up the phone and get help in an emergency – without having to call the police. As stated previously, TCOOMMI services are not available in the County, and the TPC Borger clinic is limited in its capacity. It often takes months to get the client an appointment with a psychiatrist.

These same challenges make it difficult to start a mental health court. The community services are lacking, and the probation department only has three officers to support it. Overriding these challenges is the lack of housing, which makes it extraordinarily difficult to help clients find the stability they need to succeed on probation.

The participants saw this as another opportunity to create a regional approach to adult supervision. For instance, they suggested connecting local probation clients with the mental health court in Amarillo. Hutchinson County could help fund transportation or gas vouchers to assist clients in showing up for court in Amarillo. Further, the approach might involve virtual court proceedings and groups. Importantly, this would allow the mental health court clients to receive services from the TPC case managers already assigned to the court.

The stakeholders also suggested finding ways to optimize the local resources in Hutchinson County to better serve people on probation. For instance, creating stronger relationships with the resources identified in Intercept 0 to mobilize more immediate help would provide clients with more stability. Also, working more closely with Texas Workforce Commission, local employers, and vocational training organizations would help clients more rapidly achieve financial stability. Combined with the budgeting classes the probation department already provides, these strategies will help clients leave probation on a stronger foundation.

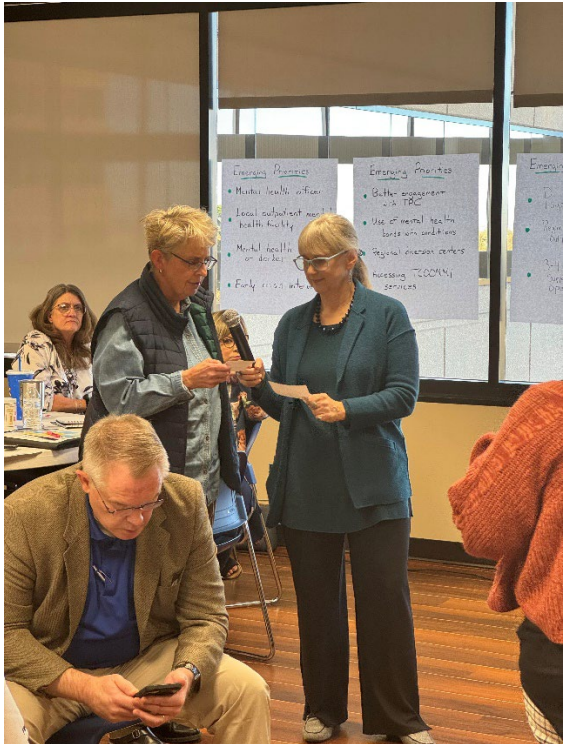
## INTERCEPT 5 BEST PRACTICES

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### BEST PRACTICE: CREATE A SPECIALIZED MENTAL HEALTH CASELOAD

Parole and probation departments should have specialized caseloads or units that are dedicated to individuals with behavioral health needs. Officers assigned to these specialized caseloads

should be trained to work with these types of clients and educated about available community resources. These cases should have individualized treatment plans that consider medication, mental health needs, and substance use treatment.



## PRIORITIES FOR CHANGE

Following the discussion on gaps and opportunities, the participants brainstormed priorities that might address gaps and help the community seize opportunities. They produced dozens of suggestions, including:

- Investing in a detox center,
- Improved engagement with TPC,
- Mental health bond conditions,
- Regional diversion center,
- Accessing TCOOMMI services,
- Regional outpatient competency restoration,
- Additional reentry peer support,
- Recovery housing,
- Collaborate with mental health court in Amarillo,
- Improve knowledge of and coordination with existing resources,
- Mental health officers,
- Law enforcement crisis team, and
- Expanding mental health training for officers, including knowledge of the discretion they have to divert individuals from arrest.

The group was then invited to rate the priorities and to identify those priorities on which they were willing to invest their own time and organizational resources. Four priorities rose to the top:

- **Priority 1:** Local Outpatient Mental Health Facility
- **Priority 2:** Law Enforcement Crisis Response
- **Priority 3:** Regional Diversion / Competency Restoration Services
- **Priority 4:** Increased Reentry Peer Support

## ACTION PLANS

Workshop participants were invited to join one of the four priority groups to create an action plan. Each team developed a plan with objectives and near/long term tasks. Afterwards, each group reviewed the plans developed by other teams. All participants were encouraged to make suggestions and raise considerations for these plans, thereby helping each team to improve upon the plans. The teams identified a time and date for their next meetings, as well as champions to coordinate communication among team members.

The purpose of the action planning activity was to create a site-specific action plan with clearly defined, attainable, prioritized short-term and long-term steps addressing the gaps generated during the first day of the workshop. The plans will be further refined and implemented by the team following the workshop.

The action plans on the following pages are the initial drafts developed during the course of the workshop. The teams have already made specific plans to continue meeting, so these drafts will not reflect the work done as of the publication date of this report. Readers should contact team members for the most current information on these action priorities.



## PRIORITY 1: LOCAL OUTPATIENT MENTAL HEALTH FACILITY

**Participants (\*=Champion):** Julie Winters\*, Alex Gowdy, Brianna Hudson, Leslie Miller, Sara Northrup, Amy Pierce, Chapin Renshaw, Audrey Schroeder, Shree Veeramachaneni

**Next Meeting:** Thursday, November 16, 11:30am at the Borger Bank Building

Objective	Action Steps (with person assigned)			
	Now (next 3 months)	Near (3-6 months)	Next (6-12 months)	Far (2 <sup>nd</sup> year)
Further discussion / collaboration with TPC	Meet within 30 days to determine scope; determine need for a physical location	Determine viability of physical location if needed; secure location and contracts	Step up services offered based on need and capacity	
Via Hope research grant possibility	Identify potential grant funding			
<p><b>NOTES:</b> Will TPC be housed here or will it be a separate entity? How will it be presented to the community? Environment, feel of it... "Confidentiality". Can it be utilized by LEO agencies? Indigent care? How to get staff and maintain staff? Will they work with the courts for treatment? To what extent does this overlap with priority 4 (increased reentry peer support)? Does this include substance use issues? Long term: put into place safety measures. Look at other facilities that have been successful as a model.</p>				

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## RESEARCH AND BEST PRACTICES RELATED TO PRIORITY ONE

Many rural communities have adopted multifaceted strategies to address complex healthcare needs in remote or frontier areas. [The Center for Healthcare Strategies](#) details many of these cross-sector collocative efforts and offers lessons for rural communities. To expand the impact limited outpatient resources, Hutchinson County can also implement these rural-healthcare strategies:

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### ENLIST PEERS

When the number of clinicians and case managers is severely limited as it is in rural areas, ensuring that people with mental health challenges are paired with Certified Mental Health Peers can make a significant difference. Peers help people with mental illness better understand their diagnoses and make decisions regarding their treatment plan. Peers can also help them find ways to solve transportation challenges or obtain resources to meet basic needs. Working in coordination with clinicians and case managers, peers become an extension of the mental health team.

In addition to amplifying the impact of mental health care within rural areas, communities that invest in peer services also provide paid employment for people with lived history of mental health challenges to use that lived experience to assist others navigate their own mental health care.

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### WEAVE COLLABORATIVE EFFORTS INTO THE SOCIAL FABRIC OF COMMUNITIES

Unaddressed mental health challenges are not just an individual problem. They impact whole families in the neighborhoods where they live. This is especially true in small tight-knit communities. The Center for Healthcare Strategies identified several rural communities that work collaboratively with local churches, neighborhood groups, and neighbors to assist.

Community volunteers and service committees in various congregations can help to reduce the stigma associated with mental illness. They can help raise awareness and assist families in identifying resources. They can also help with transportation and basic needs. Importantly, by collaborating with the stakeholders advancing SIM priorities, community and faith volunteers bring fresh perspective and new leadership into these efforts.

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### MAKE USE OF TECHNOLOGY

Telehealth can expand the reach of services and improve efficiency of healthcare and related support services by shortening delays in beginning services and eliminating or reducing travel time and associated costs. Telehealth services can be particularly beneficial for clients or patients living in geographically remote or underserved areas, including urban areas.

## PRIORITY 2: LAW ENFORCEMENT CRISIS RESPONSE

**Participants (\*=Champion):** Chief Donnie Davis\*, Dep. Danielle Walsh\*, David Bustos, Clay Carr, Leslie Ford, Tiffany Hirani, Brianna Hudson, Leslie Miller, Blair Neill, Monica Sepulveda, Denise Shilling, Andrew Trahan, Amanda Wysong

**Next Meeting:** Monday, December 4 at 12:00pm via Zoom

Objective	Action Steps (with person assigned)			
	Now (next 3 months)	Near (3-6 months)	Next (6-12 months)	Far (2 <sup>nd</sup> year)
Collect data on calls, incidents, jail stays, and JP / CA / DA data on mental health cases	Gather data - Andy Trahan & Borger Lt to be named later	Present to Commissioners Court and City Councils		
County and cities collaboration		MOUs, pay, hiring, HR - Commissioners + Police Chiefs + Sheriff + City Managers + County Auditor		
Training - here or in Amarillo		Actual MH Deputy and some backups		

**NOTES:**

Briana Hudson, LCSW would help with assessments or joining officer. What happens to an individual who is in crisis and commits a crime? Juvenile "ICT". Suicidal ideation and other mental health - that do not present with correctional system. Data success rate for city/ies or county/ies that already have a Crisis Intervention Officer. Have officers trained in mental health available 24/7. Crisis peak times. Telehealth. Peer specialist paired with the officer? Qualified Mental Health Professional responds with officer? Plain clothes and plain car. Is it their passion?

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## RESEARCH AND BEST PRACTICES RELATED TO PRIORITY TWO

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### FIRST RESPONDER TRAINING

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First responder training includes dispatcher training, specialized police response, mental health first aid, and training for EMTs and other first responders. An example is Crisis Intervention Team (CIT) training. CIT focuses on identifying signs of mental health disorders, de-escalating a situation that involves those signs, and connecting people to treatment. The importance of crisis training has increased in recent years to avoid escalation into the use of force. All law enforcement officers should receive crisis and de-escalation training as well as regular updates on related best practices. [CIT refresher courses](#) are an opportunity for peace officers who have already completed the academy.

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### CO-RESPONDER APPROACH

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In a [Co-Responder Team Model](#), at least one law enforcement officer and one mental health professional jointly respond to situations that likely involve a behavioral health crisis. A co-responder team can de-escalate situations and promote diversion to services.

## PRIORITY 3: REGIONAL DIVERSION / COMPETENCY RESTORATION SERVICES

**Participants (\*=Champion):** Craig Jones\*, Judge James Mosley\*, David Bustos, Brianna Hudson, Leslie Miller, Jennifer Rhoden, Amber Wells

**Next Meeting:** November 27, 2023 at 3:00pm at the Stinnett Courthouse, 316th Courtroom.

Objective	Action Steps (with person assigned)			
	Now (next 3 months)	Near (3-6 months)	Next (6-12 months)	Far (2 <sup>nd</sup> year)
Gain buy-in from county judges, law enforcement, community members	Reach out to key stakeholders from Hansford, Ochiltree, and Moore Counties		Involve all county judges / commissioners / city council members	
Create planning team	Start planning team	Decide on eligibility criteria, get data		Get funding
Get funding			Create a budget (establish financial need)	Get property
Secure a property / location			Scout property	Get property
Hire staff			Look for qualified candidates	Hire staff

**NOTES:**

Organize a tour of a diversion center. Must get stakeholder buy-in. How to balance financial commitment according to county population? Who among the eligible people gets priority? Do we want respite vs. lockdown? How to reduce stigma? Could we combine this with the mental health court? Will they work with the courts for treatment? How can you guarantee all counties are served? Number of beds? Not turned away? Safety plan? What to do if people don't meet eligibility? Connect with peer support. How will you follow up with people after release?

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## RESEARCH AND BEST PRACTICES RELATED TO PRIORITY THREE

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### QUICKLY APPOINT ATTORNEY WITH TRAINING IN MENTAL HEALTH AND COMPETENCY RESTORATION

There are several ways to increase the Hutchinson County defense bar's knowledge of mental health laws. One quick-fix recommendation is a focused education and training campaign. Hutchinson County could identify a group of local defense attorneys who can be champions for initiating an education and training campaign among the local defense bar association. These champions can utilize the assistance of [TIDC](#), [JCMH](#), [TCDLA](#), or other entities to develop curriculum for local defense attorneys and to identify the best methods for implementing education and training among the local defense bar. Training should cover several topics regarding mental health laws, including early identification ([16.22](#)), transfer and dismissal ([16.22\(c\)\(5\)](#)), mental health bond conditions ([17.032](#)), competency restoration ([46B](#)), information sharing (HIPAA & [HSC Chapter 611](#)), and resources available from the local mental health authority, Texas Panhandle Centers.

In addition to training on mental health laws, the local defense bar can learn how to fully and skillfully incorporate the principles of [Holistic Defense](#) and how to effectively use social workers in criminal defense. The [Bronx Defenders](#) is a public defender nonprofit that pioneered a groundbreaking, nationally recognized model of defense that achieves better outcomes for defendants. The Bronx Defenders' [Center for Holistic Defense](#) provides technical assistance and training to public defender organizations and individual practitioners and currently provides assistance in 38 states, including Texas.

The local defense bar can play an integral role in enhancing Hutchinson County's justice system by addressing the circumstances driving people into the criminal justice system and the consequences of that involvement. A [Harvard Law Review article](#) evaluated the holistic defense model and determined the impact of the program included a reduction in the likelihood of custodial sentences by 16% and expected sentence length by 24%.

There are four pillars at the core of holistic defense:

- Seamless access to services that meet legal and social support needs.
- Dynamic, interdisciplinary communication.
- Advocates with an interdisciplinary skillset.
- A robust understanding of, and connection to, the community served.

Several counties across Texas have begun to incorporate these principles into their local defense organizations, including:

- [Harris County](#)
- [Bexar County](#)
- [Travis County](#)

Many counties offer incentives for defense attorneys to seek training and specialization in mental health laws by offering additional compensation for court appointment cases to attorneys with specialized training or creating a special “wheel” full of attorneys specializing in mental health laws who can be appointed to cases with a defendant identified as having a mental illness. [Williamson County](#) is an example of a county with an indigent defense plan that incorporates special qualifications for a mental health wheel.

It is best practice to appoint counsel as soon as practicable upon arrest of an individual. Appointing counsel at an earlier point in the case, such as before indictment, will reduce the length of time people are housed in jail waiting for evaluations or waiting for transportation to facilities for evaluation or restoration. Instead, defense counsel can meet the client and begin assessing the client’s needs. Opportunities to better utilize early appointment of counsel include:

- Creating and implementing a process for appointed defense counsel to access certain evidence in the case file, such as the offense report and arrest warrant affidavit, prior to indictment, so they can begin working on the case.
- Creating and implementing a process for defense counsel to request competency evaluations prior to indictment.
- Discussing possibilities of diversion in lieu of competency restoration in certain cases.

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#### RIGHT SIZE COMPETENCY RESTORATION SERVICES

Best practices related to competency restoration are detailed in the Intercept 2 Best Practices section of this report. As Hutchinson County considers strategies to create regionalized approaches to competency restoration, stakeholders can refer to these resources. [The Health and Human Services Commission](#) also has technical assistance for counties wanting to create competency restoration programs.

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#### REGIONAL DIVERSION CENTER

A detailed list of diversion center and diversion strategies can be found in the Intercept 1 Best Practices section of this report.

## PRIORITY 4: INCREASED REENTRY PEER SUPPORT

**Participants (\*=Champion):** Linda Dudley\*, John Chavez, Annie Gautreaux, Rico Goff, Leslie Miller, Lily Perez, Jennifer Rhoden, Shree Veeramachaneni

**Next Meeting:** Monday, January 22, 2024, 11:00am at the Plaza Restaurant

Objective	Action Steps (with person assigned)			
	Now (next 3 months)	Near (3-6 months)	Next (6-12 months)	Far (2 <sup>nd</sup> year)
Explore healthy and positive living and gathering environments	Look at Open Door in Lubbock, Portland model for sober living - John, Rico & Annie			
Connect substance use providers and peers	Plan a meet & greet in January - Linda, Lilly & Rico			
Take stock			Assess progress to date	

**NOTES:**

TPC has peer support specialists. Who determines who gets to be a part of this? Resource: Via Hope technical assistance and supervision through learning collaborative apprenticeship program. Rico goes to the jail every Wednesday. What transition skills do people need after a facility-based experience? Oxford model is a good example. First step: talk more about it. Could do a meet & greet for community members as well as providers. Could educate pastors about peer support. Building Promise USA might be a good resource.



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## RESEARCH AND BEST PRACTICES RELATED TO PRIORITY FOUR

As stated previously in this report, investments in peer support can amplify the impact of mental health and substance use service delivery. Hutchinson County stands apart from many rural areas in its early investment in Reentry Peer Support. Hutchinson County might also consider hiring Mental Health Support Specialists to assist justice-involved populations with mental health challenges. This may bolster success rates among people with mental illness leaving jail or placed on probation.

## APPENDICES

APPENDIX	TITLE
<a href="#">Appendix 1</a>	Commonly Used Acronyms
<a href="#">Appendix 2</a>	General Resources
<a href="#">Appendix 3</a>	Charts
<a href="#">Appendix 4</a>	Hutchinson County SIM Map
<a href="#">Appendix 5</a>	Workshop Participant List
<a href="#">Appendix 6</a>	Workshop Agenda
<a href="#">Appendix 7</a>	Key References

## APPENDIX 1 | COMMONLY USED ACRONYMS

A&D – Apprehend & Detain	AOT – Assisted Outpatient Treatment	BJA – Bureau of Justice Assistance
CCO – County Clerk’s Office	CCP – Code of Criminal Procedure	CCQ – Continuity of Care Query
CDC – County District Clerk	CIRT – Crisis Intervention Response Team	CIT – Crisis Intervention Team
CSCD – Community Supervision and Corrections Department (“probation”)	CSO –County Sheriff’s Office	DAO –District Attorney’s Office
D/M – Dismiss or Dismissal	HB – House Bill	HHSC – Health and Human Services Commission
IDD – Intellectual or Developmental Disability	JBCR – Jail Based Competency Restoration	JCMH – Judicial Commission on Mental Health
LE – Law Enforcement	LIDDA – Local IDD Authority	LMHA – Local Mental Health Authority
MAC – Managed Assigned Counsel Program	MH – Mental Health	MHC – Mental Health Court
MI – Mental Illness	MOU – Memorandum of Understanding	MSU – Maximum Security Unit
OCA – Office of Court Administration	OCR – Outpatient Competency Restoration	PC – Probable Cause
PD – Police Department	PDO – Public Defender’s Office	PH – Public Health
PTI – Pretrial Intervention	SAMHSA – Substance Abuse & Mental Health Services Administration	SB – Senate Bill
SH – State Hospital	SIM – Sequential Intercept Model	TASC – Texas Association of Specialty Courts
TCIC – Texas Crime Information Center	TCOOMMI – Texas Correctional Office on Offenders with Medical or Mental Impairments	TIDC – Texas Indigent Defense Commission
TLETS – Texas Law Enforcement Telecommunications System		

## APPENDIX 2 | GENERAL RESOURCES

### FUNDING RESOURCES

Council of State Governments Justice Center

<https://csgjusticecenter.org/projects/justice-and-mental-health-collaboration-program-jmhcp/funding-resources/>

DOJ Office of Justice Programs

<https://www.ojp.gov/funding/explore/current-funding-opportunities>

Humanities Texas

<https://www.humanitiestexas.org/grants/apply>

The Meadows Foundation

<https://www.mfi.org/>

Office of the Texas Governor

<https://gov.texas.gov/organization/financial-services/grants>

Substance Abuse and Mental Health Services Administration

<https://www.samhsa.gov/grants>

Texas Health & Human Services Commission

<https://www.hhs.texas.gov/business/grants>

Texas Indigent Defense Commission

<http://www.tidc.texas.gov/funding/>

U.S. Department of the Treasury: Assistance for State, Local, and Tribal Governments

<https://home.treasury.gov/policy-issues/coronavirus/assistance-for-state-local-and-tribal-governments>

U.S. Grants

<https://www.usgrants.org/texas/personal-grants>

### GRANT WRITING RESOURCES

Grants.gov

<https://www.grants.gov/web/grants/applicants/applicant-training.html>

HHSC Funding Information Center

<https://www.dshs.texas.gov/fic/gwriting.shtm>

Nonprofit Guides

<http://www.npguides.org/index.html>

Nonprofit Ready

<https://www.nonprofitready.org/grant-writing-classes>

Texas Specialty Court Resource Center

<http://www.txspecialtycourts.org/training-grant.html>

University of Texas Grants Resource Center

<https://diversity.utexas.edu/tgrc/>

## MENTAL HEALTH COURT PROGRAM RESOURCES

Council of State Governments Justice Center –  
*Developing a Mental Health Court: An  
Interdisciplinary Curriculum*

<https://www.arcourts.gov/sites/default/files/Mental%20Health%20Courts%20-%20Planning%20Guide.pdf>

Council of State Governments Justice Center –  
*A Guide to Collecting Mental Health Court  
Outcome Data*

<https://csgjusticecenter.org/wp-content/uploads/2020/01/MHC-Outcome-Data.pdf>

Council of State Governments Justice Center –  
*A Guide to Mental Health Court Design and  
Implementation*

<https://csgjusticecenter.org/wp-content/uploads/2020/01/Guide-MHC-Design.pdf>

Council of State Governments Justice Center –  
*Mental Health Courts: A Guide to Research-  
Informed Policy and Practice*

[https://bjaoip.gov/sites/g/files/xyckuh186/files/Publications/CSG\\_MHC\\_Research.pdf](https://bjaoip.gov/sites/g/files/xyckuh186/files/Publications/CSG_MHC_Research.pdf)

Council of State Governments Justice Center –  
Mental Health Court Learning Modules

<https://csgjusticecenter.org/projects/mental-health-courts/learning/learning-modules/>

Judicial Commission on Mental Health: *10-Step  
Guide*

<http://texasjcmh.gov/media/czaoapye/mhc-the-10-step-guide.pdf>

Judicial Commission on Mental Health

<http://texasjcmh.gov/technical-assistance/mental-health-courts/>

Texas Specialty Court Resource Center

<http://www.txspecialtycourts.org/>

## TECHNICAL ASSISTANCE RESOURCES

Activities of the Service Members, Veterans, and  
Their Families Technical Assistance Center

<https://www.samhsa.gov/smvf-ta-center/activities>

Correctional Management Institute of Texas

<http://www.cmitonline.org/technical-assistance.html>

Doors to Wellbeing: National Consumer Technical  
Assistance Center

<https://www.doorstowellbeing.org/>

HHSC's Technical Assistance Center

<https://txbhjustice.org/services/sequential-intercept-mapping>

Judicial Commission on Mental Health

<http://texasjcmh.gov/technical-assistance/>

Council of State Governments Justice Center

<https://csgjusticecenter.org/resources/justice-mh-partnerships-support-center/>

National Center for State Courts

<https://www.ncsc.org/services-and-experts/areas-of-expertise/access-to-justice/tech-assistance>

National Family Support Technical Assistance Center

<https://www.nfstac.org/request-ta>

National Mental Health Consumers' Self-Help Clearinghouse

<https://www.mhselfhelp.org/technical-assistance>

NPC Research

<https://npcresearch.com/services-expertise/technical-assistance-and-consultation/>

Opioid Response Network

<https://opioidresponsenetwork.org/>

Technical Assistance Collaborative

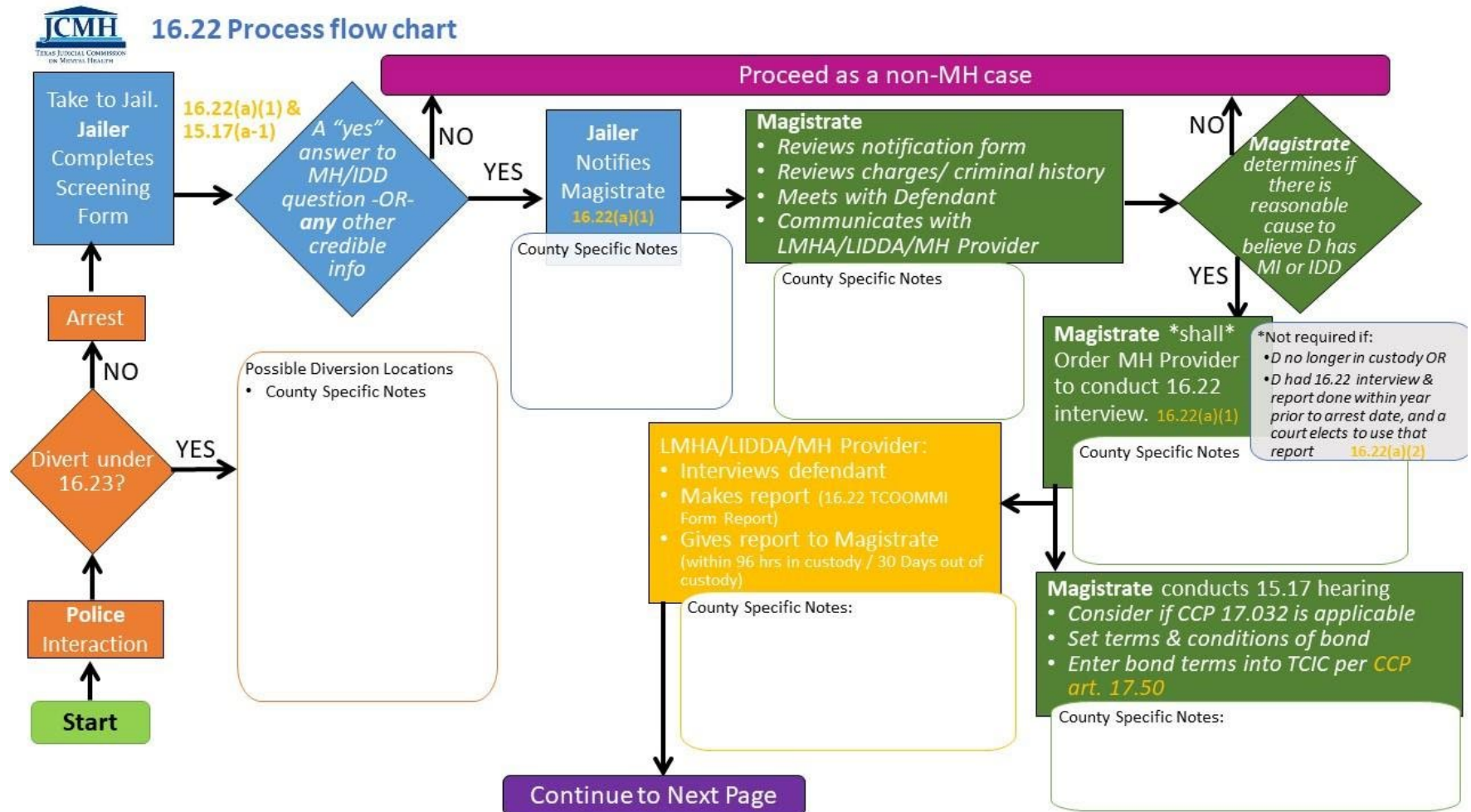
<https://www.tacinc.org/what-we-do/customized-ta-training/>

Texas Specialty Court Resource Center

[http://www.txspecialtycourts.org/tta\\_bureau.html](http://www.txspecialtycourts.org/tta_bureau.html)

# APPENDIX 3 | CHARTS

## SAMPLE CHART FOR COUNTY





Continued from Previous Page

Magistrate Receives Report from MH Provider

Magistrate gives report to stakeholders

16.22(b-1)

Clerk required to document the number of 16.22 reports completed on Judicial Monthly Court Activity Report to OCA. 16.22(e) & Tex. Admin Code Ch. 171

County / District Clerk

County Specific Notes

Trial Court

County Specific Notes

Prosecutor

County Specific Notes

Defense Attorney

County Specific Notes

Sheriff (jail med records)

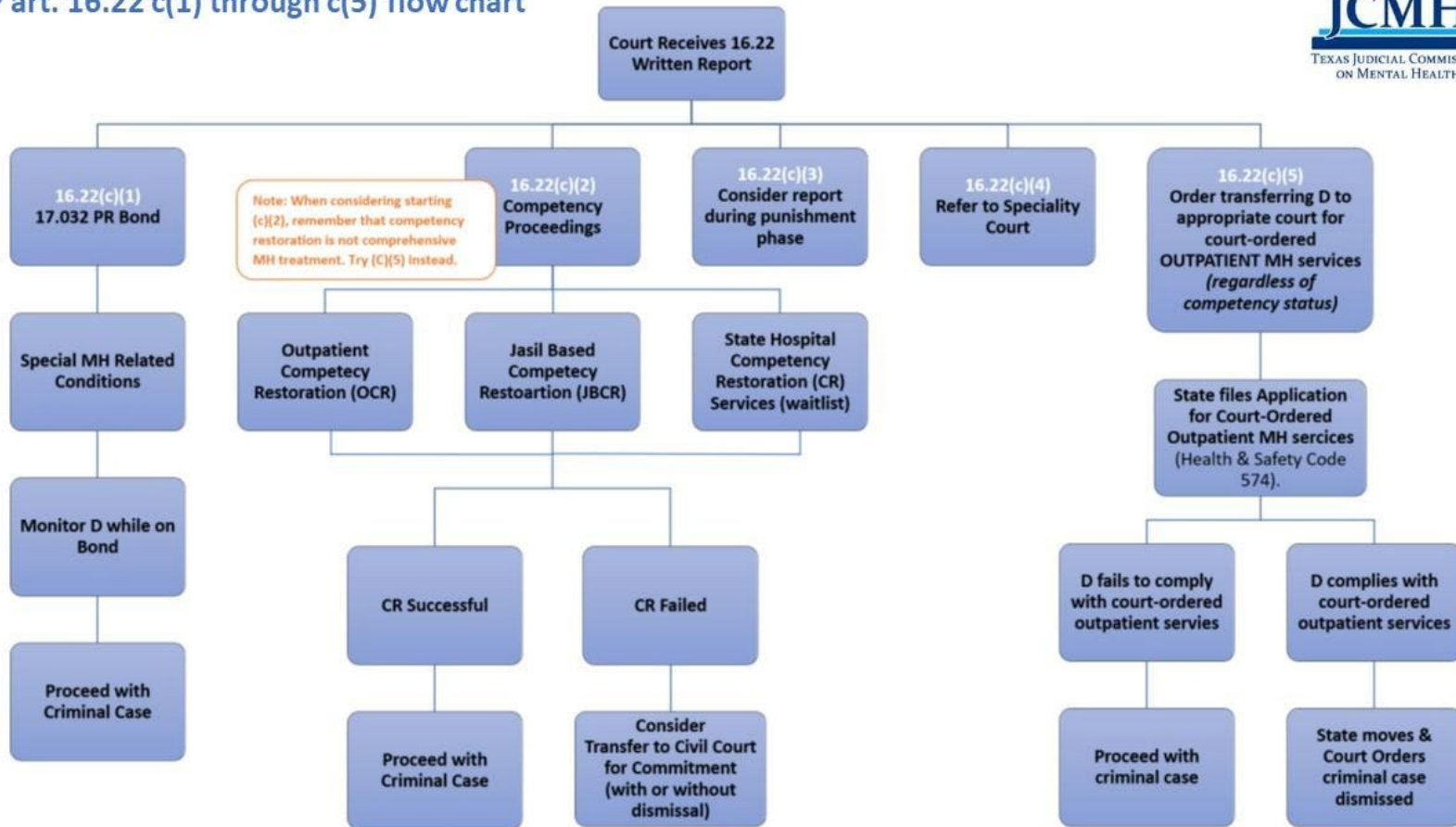
County Specific Notes

Personal bond office / Pretrial

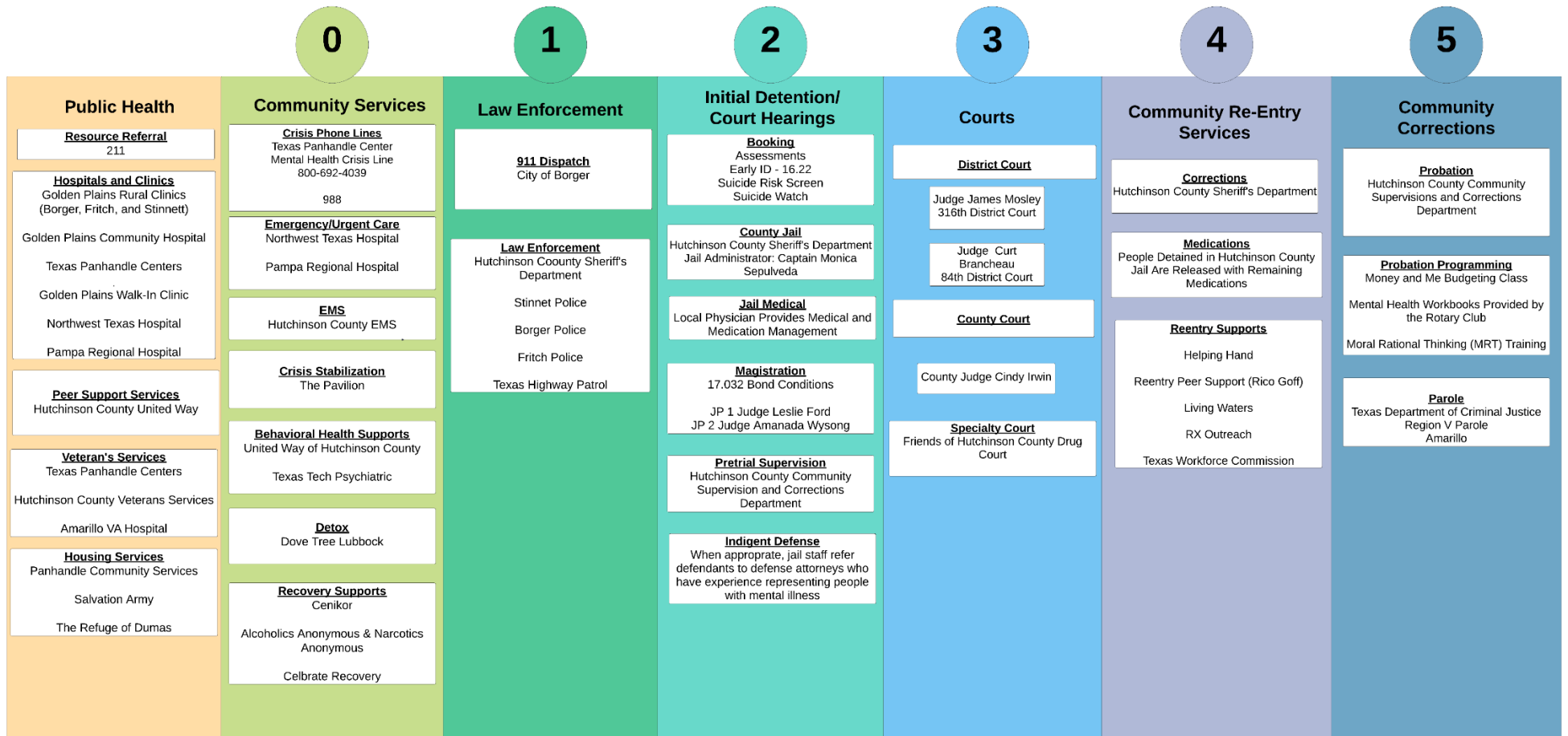
County Specific Notes



CCP art. 16.22 c(1) through c(5) flow chart



# APPENDIX 4 | HUTCHINSON COUNTY SIM MAP



## APPENDIX 5 | PARTICIPANT LIST

First Name	Last Name	Role	Agency
David	Bustos		Texas Panhandle Centers
Clay	Carr	ADA	Hutchinson County DA's Office
John	Chavez		Community at Large
Donnie	Davis	Chief of Police	Borger Police Department
Linda	Dudley	OSAR Coordinator	Texas Panhandle Centers
Leslie	Ford	Justice of the Peace	Precinct 1
Annie	Gautreaux	Service Center Director	The Borger Salvation Army
Rico	Goff	Peer Support Specialist	Peer Support Services
Alex	Gowdy	LMFT	Twelve Roots Therapy
Amanda	Harris	Attorney	Amanda Harris Attorney at Law
Tiffany	Hirani	Certified Family Partner	Texas Panhandle Centers
Brianna	Hudson	LCSW	Twelve Roots Therapy
Tara	Huff	Publisher and Editor	Fritch Eagle Press
Craig	Jones	County Attorney	Hutchinson County Attorney's Office
Kenny	Morrison	Refinery/ Community Relations Dir.	Phillips 66
James	Mosley	316th District Judge	State of Texas
Blair	Neill	Julie's assistant	HCUW
Sara	Northrup	Program Administrator	Texas Panhandle Centers
Lily	Perez	Peer Specialist	United Way
Amy	Pierce	Recovery Institute Deputy Director	Via Hope
Chapin	Renshaw	Social Worker	Twelve Roots
Jennifer	Rhoden	Hutchinson Co. Director	Hutchinson County CSCD
Denise	Schilling	Director, Social Services	Golden Plains Community Hospital
Audrey	Schroeder	VP of Finance	GPCH
Monica	Sepulveda	Jail Administrator/ Captain	Hutchinson County Jail
Andrew	Trahan	Deputy Sheriff	Hutchinson County Sheriff's Office
Shree	Veeramachaneni	Executive Director	Panhandle Behavioral Health Alliance
Danielle	Walsh	Lt. / Jailor	Hutchinson County Sheriff's Office
Amber	Wells	JPO	Mental Health
Julie	Winters	Executive Director	Hutchinson County United Way
Amanda	Wysong	Judge	Hutchinson County JP2
Molly	Davis	Staff Attorney	Judicial Comm. on Mental Health
Lynda	Frost	Facilitator	Lynfro Consulting

Andy	Perkins	Staff Attorney	Judicial Comm. on Mental Health
Doug	Smith	Facilitator	D-Degree Coaching & Training

## APPENDIX 6 | WORKSHOP AGENDA

### Sequential Intercept Model Mapping Workshop

Hutchinson County  
November 2, 2023  
Borger TX 79007

#### Purpose and Goals:

- Facilitate mutual understanding, collaboration and relationship building between a diverse array of stakeholders, all of whom are dedicated to system transformation
- Identify best practices, resources, gaps in services, and opportunities for improvement and innovation across all SIM intercepts
- Prioritize key steps toward system transformation and improved service delivery
- Create a longer term strategic action plan, optimizing use of local resources and furthering the delivery of appropriate services

#### AGENDA

<b>8:30 am</b>	<b>Registration &amp; Networking</b>	
<b>9:00 am</b>	<b>Opening Remarks</b> Judge James Mosley	Welcome & Community Goals
<b>9:20 am</b>	<b>Orienting to This Work</b> Lynda Frost	Hopes for the Mapping Process Why Collaboration Matters
<b>9:40 am</b>	<b>Overview of Judicial Commission</b> Molly Davis	Resources from the Judicial Commission on Mental Health
<b>9:45 am</b>	<b>Overview of SIM Mapping</b> Doug Smith Rico Goff Amber Wells	Overview of Model Importance of Lived Experience
<b>10:30 am</b>	<b>Break</b>	
<b>10:45 am</b>	<b>Establishing Priorities</b> Lynda Frost	Identify Possible Priorities Identify Opportunities for Collaboration
<b>11:45 am</b>	<b>Lunch</b>	
<b>12:20 pm</b>	<b>Action Planning</b> Doug Smith	Group Work Presentation to Full Group
<b>1:40 pm</b>	<b>Break</b>	
<b>1:55 pm</b>	<b>Refining the Action Plan</b> Doug Smith	Gallery Walk Group Work
<b>2:35 pm</b>	<b>Next Steps &amp; Summary</b> Lynda Frost	Meeting to Review Draft Report 3-month Progress Check-In Individual Next Steps
<b>3:00 pm</b>	<b>Adjourn</b>	

## APPENDIX 7 | KEY REFERENCES

1	JUDICIAL COMMISSION ON MENTAL HEALTH, <i>TEXAS MENTAL HEALTH AND INTELLECTUAL DISABILITIES LAW BENCH BOOK</i> (3d Ed. 2021-2022), <a href="http://benchbook.texasicmh.gov/">http://benchbook.texasicmh.gov/</a> .
2	NATIONAL CENTER FOR STATE COURTS, FAIR JUSTICE FOR PERSONS WITH MENTAL ILLNESS: IMPROVING THE COURT’S RESPONSE 19 (2018), <a href="https://www.neomed.edu/wp-content/uploads/CJCCOE_10-Dave-Byers-COURT-RESOURCES-Mental-Health-Protocols-Oct-2018.pdf">https://www.neomed.edu/wp-content/uploads/CJCCOE_10-Dave-Byers-COURT-RESOURCES-Mental-Health-Protocols-Oct-2018.pdf</a> . See also, <a href="https://www.ncsc.org/behavioralhealth">https://www.ncsc.org/behavioralhealth</a> .
3	POLICY RESEARCH ASSOCIATES, THE SEQUENTIAL INTERCEPT MODEL: NEXT STEPS (HOW TO MAXIMIZE YOUR SIM MAPPING WORKSHOP), <a href="https://express.adobe.com/page/dSrgsE34zlea9/">https://express.adobe.com/page/dSrgsE34zlea9/</a> . See also, <a href="https://www.prainc.com/sim/">https://www.prainc.com/sim/</a> .
4	SAMHSA GAINS CENTER, DEVELOPING A COMPREHENSIVE PLAN FOR BEHAVIORAL HEALTH AND CRIMINAL JUSTICE COLLABORATION: THE SEQUENTIAL INTERCEPT MODEL (3rd ed., 2013); Mark R. Munetz & Patricia A. Griffin, <i>Use of the Sequential Intercept Model as an Approach to Decriminalization of People with Serious Mental Illness</i> , 57 PSYCH. SERVICES 544, 544-49 (2006), <a href="https://ps.psychiatryonline.org/doi/pdf/10.1176/ps.2006.57.4.544">https://ps.psychiatryonline.org/doi/pdf/10.1176/ps.2006.57.4.544</a> . The SIM in this report adopts the traditional model but also expands it to include new intercepts that allow for a better understanding of early intervention to effectively address those with mental health issues before they enter the criminal justice system.